



Massachusetts State Police

Certification Unit

485 Maple Street

Danvers, Massachusetts 01923

(978)538-6128 voice

(978)538-6021 fax

Change of Address Form

If your company has relocated please complete the ***Business Address*** section of this form and return to this office immediately.

If your home address has changed please complete the ***Home Address*** section of this form and return to this office immediately.

If you have any questions or concerns regarding this form please contact this office.

Thank you for your attention.

Please cut along perforated line and return bottom half of this form with correct address

---X-----X-----

BUSINESS ADDRESS:

Name :

First

Middle

Last

Address:

Street & #

City

State

Zip

Business telephone number: () _____

HOME ADDRESS:

Name :

First

Middle

Last

Address:

Street & #

City

State

Zip

Home telephone number: () _____